Achieving the Quadruple Aim: Health Literacy as an Essential Component:

ROUNDTABLE ON HEALTH LITERACY
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National Academy of Science Engineering and Medicine

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The Quadruple Aim:

1. Better Care
2. Improving the Health of the Community/Population
3. Affordable Care
4. Patient and Health Care Team Satisfaction

CANNOT BE ACHIEVED IN THE ABSENCE OF A HEALTH LITERATE POPULATION
WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM

- Albert Einstein
“For this is the tragedy of man – circumstances change, but he doesn’t.”

- Machiavelli
"All Our Life So Far as it Has Definite Form, Is But a Mass Of Habits"

- William James....1892

"More Than 40% of the Actions People Perform Each Day are Not Actual Decisions, But Habits"

“Most of the Choices We Make Each Day May Feel Like the Products of Well-Considered Decision Making But They're Not. They're Habits.”

- The Power of Habit.... Charles Duhigg
What is Health Literacy?

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Health literacy occurs when system demands and complexities are aligned with individual skills and abilities.
Why is Health Literacy Important?

- Institute of Medicine’s *To Err is Human: Building a Safer Health System* (2000)
- IOM’s *Crossing the Quality Chasm: A new Health System for the 21st Century* (2001)
  - Recommended systematic identification of priority areas for quality improvement
- Committee charged with generating a list of 15-20 candidate areas
Priority Areas for National Action

• Quality considered to be a systems property

• Did not focus on improving treatments through biomedical research or technological innovation

• Focused on ways to improve the delivery of treatments..Align system demands and priorities with individual skills and capabilities

• Identified priority areas that presented the greatest opportunity

http://www.ahrq.gov/qual/iompriorities.htm
Institute of Medicine Priorities Areas for National Action: Transforming Health Care Quality

SYSTEM DEMANDS

• Self-management/Health Literacy
  • Care Coordination/Health Literacy
• Patient and family engagement/Health Literacy
The Cycle of Crisis Care: A Patient’s Experience

Sick patient seeks medical help

Staff at doctor’s office ask patient to complete complex, confusing forms

Doctor explains patient’s condition and treatment plan using medical jargon

Doctor writes multiple prescriptions and referrals for tests

Hospital staff give patient a new treatment plan, referrals, and prescriptions; staff do not confirm patient’s understanding

Patient is discharged, and no one follows up with patient

No one follows up with patient

Staff send patient home with a complicated set of written instructions

Patient takes medicines incorrectly and does not follow up on appointments

Patient’s condition gets worse, and patient goes to the emergency department

SOURCE Authors’ analysis.
Health-Literate Care: A Patient’s Experience

Sick patient seeks medical help

Scheduler reminds patient about what to bring to office visit

Staff at doctor’s office follow up regularly with patient

Patient is not feeling well

Staff at doctor’s office give patient simple forms and offer to help with filling them out

As part of assessment, doctor listens to patient describe symptoms

Doctor describes patient’s condition using easy-to-understand terms

Doctor and patient agree on treatment plan

Doctor and patient agree on treatment plan

Doctor discusses treatment options with patient and solicits questions

Patient’s condition is being well managed

Nurse gives patient a simple handout and basic tools to use in complying with treatment; staff help plan appointments

Direct action by doctor

Direct action by office or hospital staff

Effect on patient

SOURCE Authors’ analysis.
New Federal Policy Initiatives To Boost Health Literacy Can Help The Nation Move Beyond The Cycle Of Costly ‘Crisis Care’

Health literacy is the capacity to understand basic health information and make appropriate health decisions. Tens of millions of Americans have limited health literacy, a fact that poses major challenges for the delivery of high-quality care. Despite its importance, health literacy has until recently been relegated to the sidelines of health care improvement efforts aimed at increasing access, improving quality, and better managing costs. Recent federal policy initiatives, including the Affordable Care Act of 2010, the Department of Health and Human Services’ National Action Plan to Improve Health Literacy, and the Plain Writing Act of 2010, have brought health literacy to a tipping point—that is, poised to make the transition from the margins to the mainstream. If public and private organizations make it a priority to become health literate, the nation’s health literacy can be advanced to the point at which it will play a major role in improving health care and health for all Americans.

- HEALTH AFFAIRS: JAN 23, 2012
National Action Plan To Improve Health Literacy: Unified Health Literacy Goals and Strategies

Two principles:

1. All people have the right to health information that helps them make informed decisions;

2. Health services should be delivered in ways that are understandable and lead to health, longevity and good quality of life....Principles of better care and improving the health of the population/community

Plain writing act of 2010 requires federal agencies to write documents clearly so that the public can understand and use them.
National Quality Strategy (NQS): Introduction

The Affordable Care Act (ACA) required the Secretary of the Department of Health and Human Services (HHS) to establish a *national* strategy that will improve:

- The delivery of health care services
- Patient health outcomes
- Population health

Sound Familiar?
National Quality Strategy: Background

• The inaugural NQS was published on March 18, 2011 at www.healthcare.gov and the Agency for Healthcare Research and Quality (AHRQ) www.workingforquality.ahrq.gov Web sites

• The NQS was iteratively developed through a transparent, consultative consensus building process among public and private sector stakeholders

• The NQS serves as a catalyst and compass for nationwide focus

The United States now has a NATIONAL BLUEPRINT for achieving a high-value healthcare system—the National Quality Strategy
NQS...The Strategy is to Concurrently Pursue the Triple Aim

Better Care

Improve overall quality by making health care more patient-centered, reliable, accessible and safe

Healthy People / Healthy Communities

Improve population health by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care

Affordable Care

Reduce the cost of quality health care for individuals, families, employers and government, more efficiency in the system
HHS’s National Quality Strategy Aims and Priorities

Better Care

PRIORITIES
- Health and Well-Being
- Prevention and Treatment of Leading Causes of Mortality
- Person- and Family-Centered Care
- Patient Safety
- Effective Communication and Care Coordination
- Affordable Care

Healthy People/
Healthy Communities

Affordable Care
So Who’s at Risk for Low Health Literacy?

• Men > Women
• Black and Native Americans > White and Asian
• Hispanics had lowest skills among minorities
• Persons 65 years and older had lowest overall

• NIFL website
Patients with Limited Health Literacy Have:

- Lower Quality Communication with Health Professionals
- Confusion Regarding Medical Terminology
- Insufficient Time to Express Concerns
- Fail to Receive Clear Explanations
- Less Likely than Others to Use Preventative Services
- Translates to Poor Outcomes
A Learning Health System (LHS)

“... one in which progress in science, informatics, and care culture align to generate new knowledge as an ongoing, natural by-product of the care experience, and seamlessly refine and deliver best practices for continuous improvement in health and health care.”

(Institute of Medicine)
In Simpler Language

• The health system is going digital
  - 50% now
  - 80% by 2019

• If each care provider, patient & researcher used his/her own data ONLY for only immediate needs, we are undershooting the potential

• If comparable data are shared, we can learn and improve

• The key is to figure out how to do this routinely – Learning Health System (LHS)
Health Literacy
Universal Precautions

Structuring the delivery of care as if everyone may have limited health literacy

• You can’t tell by looking
• Higher literacy skills ≠ understanding
• Health literacy is a state not a trait
• Everyone benefits from clear communication
Health Literate Care Model

A Universal Precautions Approach

Community Partners
Resources and Policies

Health Literate Systems
Organization of Health Care
- Delivery System Design
- Self-Management Support
- Shared Decision-making
- Health Information Systems

Strategies for Health Literate Organizations
- Apply Improvement methods
- Improve verbal interaction
- Improve written communication
- Link to supportive systems
- Engage patients as partners in care and improvement efforts

Informed, Health Literate, Activated Patient and Family

Prepared, Proactive, Health Literate, Health Care Team

Productive Interactions

Improved Outcomes

QHC ADVISORY GROUP, LLC
quality in health care
Health Literacy
Universal Precautions Toolkit

- 20 Tools
- Quick Start Guide
- Path to Improvement
- Appendices
  - Over 25 resources such as sample forms, PowerPoint presentations, and worksheets
  
http://ahrq.gov/qual/literacy
Toolkit Standouts

- Tips for Communicating Clearly
- The Teach Back Method
- Brown Bag Medication Review
- Encourage Questions
- Make Action Plans
- Use Health Education Material Effectively
- Get Patient Feedback
Joint Commission

“The Safety of Patients Cannot be Assured Without Mitigating the Negative Effects of Low Health Literacy and Ineffective Communication on Patient Care”
Health Literate Organizations

A health literate organization makes it easy for people to navigate, understand, and use information and services to take care of their health.

Brach et al. 2012
Attribute 1
A Health Literate Organization

1. Has leadership that makes health literacy integral to its mission, structure, and operations.

Leadership:

• Makes clear and effective communication a priority
• Assigns responsibility for health literacy oversight
• Sets goals for health literacy improvement
• Allocates fiscal and human resources
Attribute 2
A Health Literate Organization

2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
   • Incorporates health literacy into all planning activities
   • Conducts ongoing organizational assessments
   • Measures the success in achieving the health literacy attributes and identifies areas for quality improvement
   • Important to maximize the attributes of organizational professionalism in the domains of community responsibility and best care
   • Organizational Professionalism Charter. Acad Med. Aug 2017
Demonstrated Published Outcomes

❖ CHF Self Management Program....Reduced hospitalization rates and mortality by 35%(1)

❖ Diabetes Self Management Program using health literacy strategies in pts with limited literacy achieved success 42% versus 15% without such strategies (2)

❖ RCC of the “reengineered discharge” (RED) reduced rehospitalization by 30% (3)

❖ Medication counseling....Plain language, pictogram based...fewer medication errors (5.4% vs 47.8%) and greater adherence (38% versus 9.3%) (4)

❖ Improving providers communication skills (health literacy)...pts had higher colon cancer screening rates than control (55.7% vs 30%) (5)

❖ Many members of AHIP have undertaken explicit health literacy initiatives
### Estimated Effect of Health Literacy on Selected Health Outcomes, Controlling for Education, Income, Race, Language

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Population</th>
<th>Population Average (county-level)</th>
<th>Impact of moving from low to high literacy community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidable ED Visit Rate</td>
<td>Commercial UHC</td>
<td>44.1 per 1000</td>
<td>Reduction of 4.3 per 1000 (-10.1%)</td>
</tr>
<tr>
<td>Avoidable Hospitalization Rate</td>
<td>Commercial UHC</td>
<td>5.4 per 1000</td>
<td>Reduction of 1.0 per 1000 (-18%)</td>
</tr>
<tr>
<td>Medication Adherence Rate</td>
<td>Commercial DM</td>
<td>81.4% adherent*</td>
<td>Increase of 2.4 percentage points in adherence (+3.1%)</td>
</tr>
<tr>
<td>Readmission Rate</td>
<td>FFS Medicare</td>
<td>17.7%</td>
<td>Decrease 1.2 percentage points (-7%)</td>
</tr>
<tr>
<td>ED Visit Rate</td>
<td>FFS Medicare</td>
<td>645.8 per 1000</td>
<td>Reduction of 100.5 visits per 1000 (-15%)?</td>
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</tbody>
</table>
Conclusions:

• Best Care and improved Population Health requires adherence to Health Literate Principles.

• Cross Cutting Interventions to achieve the quality goals of the IOM and the NQS requires bilateral health literate communication. Align system demands and complexities to individual skills and capabilities

• Efficiency in the delivery of health care, particularly in the treatment of chronic disease, requires health literate skills.

• Enhancing patient and physician satisfaction and mutual trust, improved adherence and diminished burnout requires optimum communication skills.
Questions?

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